

Travel Order No.

**REQUEST FOR APPROVAL FOR ACCEPTANCE OF
PAYMENT OF TRAVEL EXPENSES IN CASH OR IN KIND**

(date)

Use this form to request, approve, and report acceptance of payments as provided in DHHS Travel Manual Chapters 1-80 and 2-30. Submit original and three copies to recommending official at least 15 days before your date of departure.

1. NAME AND TITLE OF TRAVELER

S.S. # _____

2. NAME AND ADDRESS OF SPONSORING ORGANIZATION

3. BUREAU, DIVISION, OTHER (specify)

4. PURPOSE OF TRIP

5. PAYMENT TO BE MADE FOR:

☐ TRAVEL ☐ SUBSISTENCE

A. ☐ IN CASH for deposit to appropriation \$ _____
APPROPRIATION NO. _____

B. ☐ IN CASH for retention by traveler \$ _____
(OPERATING AGENCY HEAD APPROVAL REQUIRED)

C. ☐ IN KIND \$ _____

IF EITHER BOX "B" OR BOX "C" ABOVE IS CHECKED,
EXPLAIN AND JUSTIFY IN SPACE PROVIDED AT RIGHT.

6. PAYMENT TO BE USED FOR TRAVEL

☐ ROUND TRIP ☐ ONE WAY according to the following itinerary:

STARTING DATE	ENDING DATE	FROM	TO

7. IS THE DEPARTMENT PAYING PART OF THE COST? (If any, specify which part and amount)

8. RECOMMENDATION

I recommend acceptance of the above payment as being in the best interest of the Government.

RECOMMENDING

OFFICIAL _____ TITLE _____ DATE _____
(signature)

9. APPROVAL

I hereby approve the acceptance of payment as stated above.

APPROVING

OFFICIAL _____ TITLE _____ DATE _____
(signature)

10. TRAVELER'S CERTIFICATION (Complete after trip if traveler has retained cash or accepted payment in kind)

I certify that upon completion of my travel which started on _____ and ended on _____
_____ from _____ to _____

_____ one way/round trip, that I received payment

☐ IN CASH \$ _____ for retention by me, or ☐ IN KIND \$ _____ for travel and
\$ _____ for subsistence expenses.

TRAVELER _____ TITLE _____ DATE _____
(signature)

2. Justification:

REQUEST FOR APPROVAL TO ACCEPT PAYMENT OF TRAVEL EXPENSES
FROM A NON FEDERAL SOURCE _____
(date)

Use this form to request, approve, and report acceptance of payments as provided in DHHS Travel Manual Chapter 1-70.
Submit request to recommending official as soon as possible, but not later than 15 days before scheduled departure.

1. NAME AND TITLE OF TRAVELER S.S. # _____	2. NAME AND ADDRESS OF SPONSORING ORGANIZATION _____ _____ _____
3. TRAVELER'S ORGANIZATION _____ _____	

4. PURPOSE OF TRIP

5. PAYMENT TO BE MADE FOR: ☐ Travel ☐ Sub
Authority for Travel ☐ 31 USC 1353 ☐ 42 USC 3506 ☐ 5 USC 7342
(See DHHS Travel Manual Chapter 1-70)

METHOD OF PAYMENT:

A. ☐ DIRECT REIMBURSEMENT TO APPROPRIATION \$ _____ INDICATE VALUE OF PAYMENT:
APPROPRIATION No. _____

B. ☐ IN KIND \$ _____ Travel \$ _____
Lodgings \$ _____

**C. ☐ IN CASH for retention by traveler \$ _____ Meals \$ _____
Other \$ _____

****NOTE:** CASH MAY ONLY BE ACCEPTED UNDER 42 U.S.C. 3506 AUTHORITY

6. PAYMENT TO BE USED FOR TRAVEL ☐ Round Trip ☐ One Way (See itinerary below)

STARTING DATE	ENDING DATE	FROM	TO

7. IS THE DEPARTMENT PAYING PART OF THE TRAVEL COST? (If any, specify which part and amount)

8. RECOMMENDATION -- See reverse side of form --

9. AUTHORIZATION

Authorizing
Official _____ TITLE _____ DATE _____

10. TRAVELER'S CERTIFICATION (Complete after trip)

I CERTIFY THAT WHILE ON OFFICIAL TRAVEL THE ABOVE AMOUNTS ARE CORRECT AND I DID NOT RECEIVE (1) ANY HONORARIA, OR (2) ANY CASH FOR MY RETENTION FROM THE SPONSORING ORGANIZATION. I FURTHER UNDERSTAND THAT ANY ACCOMMODATIONS, MEALS OR INCIDENTAL EXPENSES ACCEPTED THAT ARE NOT NORMALLY REIMBURSED BY GOVERNMENT TRAVEL REGULATIONS, AND NOT FULLY REIMBURSED BY THE SPONSORING ORGANIZATION WILL HAVE TO BE BORNE OUT OF MY PERSONAL FUNDS.

TRAVELER'S SIGNATURE _____ DATE _____

8. Recommendation

National Institutes of Health
Certification Checklist NIH Manual 1961-9

TRAVELER: _____ (Typed or Printed)

1. Is the sponsoring organization using Federal Funds to defray the costs of this trip?
Yes ☐ No ☐ (If yes, reimbursement may NOT be accepted)
2. Does the offer of travel reimbursement include other compensation from the sponsor in (a) the form of an honorarium, or (b) payment for the travel of family members or (c) payment for travel beyond that allowed under Federal travel regulations?
Yes ☐ No ☐
(If yes at (b), family members travel order # _____, at (c), justification attached.)
3. Is the travel related to official government business as prescribed in Manual Issuance 1961-9
REIMBURSEMENT FOR TRAVEL IN CASH OR IN KIND?
Yes ☐ No ☐
4. Is there benefit to the government that warrants this travel as official government business?
Yes ☐ No ☐
5. Why can't this trip be paid with DHHS funds? _____
6. Is the travel related to the development by the sponsor of a grant or contract proposal for submission to your ICD?
Yes ☐ No ☐
7. Are there current plans for the development of a CRADA with the sponsoring organization?
Yes ☐ No ☐
8. Is the traveler an officer, director, trustee, partner or an employee of the sponsoring organization?
Yes ☐ No ☐
9. Do you or your spouse or minor child have financial interests or personal business relationships with the sponsoring organization?
Yes ☐ No ☐
10. Do you have any involvement in the review, approval, or monitoring or any active or potential grant, cooperative agreement, or contract (for research, goods, or services) concerning the sponsoring organization? Further, does the acceptance of this sponsorship compromise the ICD or NIH with respect to its policies, procedures, and official positions on issues?
Yes ☐ No ☐
11. Is the sponsor involved in any NIH investigations of scientific fraud or misconduct or for any reason been debarred from receipt of government grants, contracts or cooperative agreements? Is the purpose of the travel to participate in an activity involving scientific misconduct issues? If the answer to either question is "yes," please discuss the circumstances with your Executive Officer before proceeding.
Yes ☐ No ☐

"Information above is accurate and complete to the best of my knowledge and in accordance with the policy in NIH Manual Chapter 1961-9."

Traveler's certification

Supervisor's Approval

Recommending Official

Date

Date

Date

BACKGROUND INFORMATION ON REQUEST FOR APPROVAL TO
ACCEPT PAYMENT OF TRAVEL EXPENSES FROM A NON FEDERAL SOURCE

TRAVELER: _____

1. Is the sponsoring organization using Federal Funds to defray the costs of this trip?
Yes ☐ No ☐ (If yes, reimbursement may NOT be accepted.)
2. Is letter of invitation attached? Yes ☐
Letter of invitation must outline in detail the types of expenses offered and the amount of the expenses. Requests without a letter of invitation will not be considered for approval.
3. Is the traveler an officer, director, trustee, partner or an employee of the sponsoring organization? Yes ☐ No ☐
4. Are there any circumstances under which the acceptance of expenses in this instance would create a conflict or the appearance of a conflict of interest? Yes ☐ No ☐
5. Is the sponsor offering to pay amounts which are in excess of those ordinarily allowed by applicable Federal Travel Regulations? For example, are amounts in excess of the maximum Per Diem rates and/or is the mode of transportation above coach? Yes ☐ No ☐
6. Is this request for acceptance of payment for an accompanying spouse of a DHHS employee? Yes ☐ No ☐ (If yes, employee's travel order # _____)

-NOTE: IF THE ANSWER TO QUESTION 3, 4, 5, OR 6 ABOVE IS YES. A SEPARATE LETTER MUST BE ATTACHED TO THIS REQUEST PROVIDING JUSTIFICATION AND REASONS WHY THIS TRIP SHOULD BE AUTHORIZED.

7. How does this trip meet the Department's priorities and goals?
8. Why can't this trip be paid for with DHHS funds?

I HEREBY CERTIFY THAT THE ACCEPTANCE OF THIS REQUEST IS IN ACCORDANCE WITH THE POLICIES CONTAINED IN CHAPTER 1-70 OF THE DHHS TRAVEL MANUAL. TO THE BEST OF MY KNOWLEDGE, I ALSO CERTIFY THAT FEDERAL GRANT OR CONTRACT FUNDS ARE NOT BEING USED TO DEFRAY IN WHOLE OR IN PART THE EXPENSES OF THIS REQUEST. THEREFORE, I RECOMMEND APPROVAL OF THIS REQUEST AS BEING IN THE BEST INTEREST OF THE GOVERNMENT.

Recommending Official

Title

Date